FORM DEFECTIVED TO SECUL

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

12/4635

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	
SEC US	SE ONLY
Prefix	Serial
_	1
DATE R	ECEIVED
	[

Name of Offering (☐ check if the Private placement of Seri Filing Under (Check box(es) that a Type of Filing: ☐ New Filing	ies A Limited Partnersl	nip Interests.	, and indicate change	e.)		
Filing Under (Check box(es) that a						
_	pply): URule 504	D 1 505				
Type of Filing: New Filing		☐ Rule 505	⊠ Rule 506	☐ Section 4	(6) 🗆 UL	.OE
	\Box Amendment	·				
	Α.	BASIC IDENTIFIC	CATION DATA			
1. Enter the information requested	about the issuer					
Name of Issuer (□ check if th Paramount Drilling Associates,	nis is an amendment an L.P.	d name has changed	, and indicate change	e.)	0300401	6
Address of Executive Offices 967 E. Bethel School Road		City, State, Zip Code) , Texas 75019)	Telephone N (972) 745-		ing Area Code)
Address of Principal Business Oper (if different from Executive Offices	rations (No. and	d Street, City, State,	Zip Code) Telephor	ne Number (Inclu	ading Area Coo	de)
Brief Description of Business To invest in Series A limited partne	ership interests of Vale	xco Associates, L.P.,	, which will drill an	exploratory oil ar	nd gas well	PROCESSI
Type of Business Organization				_		JAN 1 6 200
☐ corporation		·	rship, already formed	i 🗆	other (please specify):
□ business trust		limited partner	rship, to be formed Month	Year		THOMSON FINANCIAL
Actual or Estimated Date of Incor	poration or Organizati	on:	0 1	0 3	⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or O	rganization: (Enter two	-letter U.S. Postal S	ervice abbreviation f	for State: DE	•	
	-	da; FN for other fore			••	
			,			
GENERAL INSTRUCTIONS						
Federal: Who Must File: All issuers making an offering When To File: A notice must be filed no later on the earlier of the date it is received by the or certified mail to that address.	-	-		-		
Where To File: U.S. Securities and Exchange	Commission, 450 Fifth Stree	t, N.W., Washington, D.C	. 20549.			
Copies Required: Five (5) copies of this notice igned copy or bear typed or printed signature	e must be filed with the SEC,	one of which must be ma	nually signed. Any copies	not manually signed	must be photocopi	es of the manually
information Required: A new filing must cont in Part C, and any material changes from the		. Amendments need only	report the name of the issi	uer and offering, any o	hanges thereto, the	information requested
rant C, and any material changes from the filling Fee: There is no federal filling fee.	information previously suppli	ed in Paris A and B. Pari	E and the Appendix need i	not be filed with the 3	EC.	
State: This notice shall be used to indicate reliance of	on the Uniform Limited Offer eparate notice with the Securit	ing Exemption (ULOE) for ies Administrator in each	or sales of securities in thos state where sales are to be,	se states that have ado, or have been made.	pted ULOE and th	at have adopted this he payment of a fee as a
orm. Issuers relying on ULOE must file a se		il accompany this form. I	his notice shall be filed in	the appropriate states	in accordance with	n state law. The
This notice shall be used to indicate reliance of form. Issuers relying on ULOE must file a se orecondition to the claim for the exemption, a Appendix to the notice constitutes a part of the	a fee in the proper amount sha his notice and must be comple	ted. ATTENTIC	XX.1			

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

	A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requested for the	e following:			
☐ Each promoter of the issuer, if the issue Each beneficial owner having the pow securities of the issuer;	uer has been organized with ver to vote or dispose, or dis	nin the past five years; rect the vote or disposition o	f, 10% or more	of a class of equity
Each executive officer and director of and		rporate general and managir	ng partners of p	artnership issuers;
☐ Each general and managing partner of Check Box(es) that Apply: ☐ Promoter	Beneficial Owner	☑ Executive Officer	⊠ Director	⊠ General and/or
Full Name (Last name first, if individual) Foote, Robert L.				Managing Partner
Business or Residence Address (Number a 967 E. Bethel School Road, Coppell, Texa		Code)		
Check Box(es) that Apply: ☑ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	□ General and/or Managing Partner
Full Name (Last name first, if individual) Smith, Randolph C.		·		
Business or Residence Address (Number a 967 E. Bethel School Road, Coppell, Texa	nd Street, City, State, Zip C s 75019	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Wingert, Brent T.				
Business or Residence Address (Number at 967 E. Bethel School Road, Coppell, Texas	nd Street, City, State, Zip C s 75019	Code)		
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Sims, Tricia				
Business or Residence Address (Number a: 5842 Falls Road, Dallas, Texas 75225	nd Street, City, State, Zip C	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Roemer, Greg. A.				
Business or Residence Address (Number a 303 Steeplechase Drive, Irving, Texas 750	nd Street, City, State, Zip C 52	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	nd Street, City, State, Zip C	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number as	nd Street, City, State, Zip C	ode)		
Check Box(es) that Apply: ☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number an	nd Street, City, State, Zip C	ode)	12.	

													
					B. IN	<u>FORMA</u>	TION A	BOUT C	FFERI	\G			
1. H	as the iss	uer sold							stors in the	his offeri	ng?	Yes	No
			Answ	er also in	Appendi	x, Colum	un 2, 11 fil	ing under	r ULOE.			\boxtimes	
			m invest			-	•	individua	al?				0 (Company may ole discretion less)
on co pe th pe	indirection or a name of the n	ly, any co with sale igent of a if the brol	ommission es of secu broker o ker or dea	n or simil rities in t r dealer r aler. If m	lar remun the offeri egistered tore than	eration for ng. If a p with the five (5) p	or solicitates or sol	ation of p be listed /or with a be listed	aid or giv urchasers is an asso a state or are asso hat broke	in ociated states, listiated	et	Yes	No ⊠
Full N	ame (Las	t name fi	rst, if inc	lividual)						•			
1 411 11	arrio (Dac	t number 1	aoi, 11 mc	iividuai)									
Busine	ess or Res	sidence A	ddress (1	Vumber a	nd Street	, City, St	ate, Zip (Code)	-				
Name	of Assoc	iated Bro	ker or De	ealer	-								
States	in Which	Person I	Listed Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers					
(Checl	c "All Sta	ites" or c	heck indi	vidual St	ates)				,				□All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[M]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
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Full N	ame (Las	t name fi	rst, if ind	ividual)			·						
Busine	ss or Res	idence A	ddress (N	Number a	nd Street	, City, St	ate, Zip C	Code)					
Name	of Assoc	iated Bro	ker or De	aler			<u> </u>						
States	in Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers					
			heck indi			100 10 50	more r are	1145015					☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	— III States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
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Buşine	ss or kes	idence A	ddress (N	vumper a	na Street,	City, Sta	ate, Zip C	.ode)					
Name	of Associ	ated Bro	ker or De	aler									
States	in Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers					· · · · · · · · · · · · · · · · · · ·
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
													

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	LISE OF PROCE	EDS	,
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box G and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	CSE OF TROCE	<u>LD3</u>	
	Type of Security	Aggregate Offering Price	An	nount Already Sold
	Debt	_	\$	
	Equity			
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests			269,600
	Other (Specify			
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE	Ψ	_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."			
		Number Investors	Do	Aggregate ollar Amount
				of Purchases
	Accredited Investors			243,600
	Non-accredited Investors			
	Total (for filings under Rule 504 only)		_ \$	
	Answer also in Appendix, Column 4, if filing under ULOE			
or 12	If this filing is for an offering under Rule 504 or 505, enter the information requested all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve) months prior to the first sale of securities in this offering. Classify securities by type ed in Part C-Question 1.			
	Type of offering	Type of Security	Do	ollar Amount Sold
	Rule 505	•	\$	
	Regulation A			
	Rule 504			
	Total			
١,	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of a issuer. The information may be given as subject to future contingencies. If the amount expenditure is not known, furnish an estimate and check the box to the left of the estimate and t	the of an te.	\$ \$	0 300
	Printing and Engraving Costs			
	Legal Fees	⊠	\$	15,000

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0

0

0

15,300

Accounting Fees

Engineering Fees

Sales Commissions (specify finder's fees separately)

Other Expenses (identify) (Finder's fee)

C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES	S AND USE (OF P	ROCEEDS	3	
Question 1 and total expenses furn	e aggregate offering price given in response to ished in response to Part C-Question 4.a. This occeeds to the issuer."	S			\$	384,700
be used for each of the purposes sh furnish an estimate and check the b	justed gross proceeds to the issuer used or pro lown. If the amount for any purpose is not known to the left of the estimate. The total of the s proceeds to the issuer set forth in response to	own, payments				
			C Dir	ments to officers, ectors, & ffiliates	•	nents To Others
Salaries and fees			\$		\$	0
Purchase of real estate			\$	0	\$	0
Purchase, rental or leasing an	d installation of machinery and equipment		\$ <u></u>	0	\$	0
Construction or leasing of pla	nt buildings and facilities	•••••	\$	0 □	\$	0
offering that may be used in	es (including the value of securities involved exchange for the assets or securities of another	r issuer	\$ <u>3</u> ;	84,700 □	\$	
Repayment of indebtedness			\$		\$	
Working capital			\$		\$	
Other (specify) (expenses or	offering)		\$		\$	
Column Totals	······································		\$_3	84,700 🗆	\$	
Total Payments Listed (colum	nn totals added)			\$384	4,700	
	D. FEDERAL SIGNATURE					
ne following signature constitutes an und	e signed by the undersigned duly authorized pertaking by the issuer to furnish to the U.S. Se furnished by the issuer to any non-accredited	curities and E	xcha	nge Comm	ission,	upon
Issuer (Print or Type)	Signature	Date		***		
Paramount Drilling Associates, LP	40 Fouts	01/07/03	_			
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Robert L. Foote	President, Paramount Energy Corp., the G	eneral Partne	r of I	ssuer		
ATTENTION					· - · · ·	
Intentional misstat	ements or omissions of fact constitute feder	al criminal v	<u>iolat</u>	ions. (See	18 U.S	.C. 1001).

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response.	Yes □	No ⊠

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Paramount Drilling Associates, LP	Mouto	01/07/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Robert L. Foote	President, Paramount Energy Corp., the	General Partner of Issuer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	1.2459.8514			38333
AP	PF	Nil	M	W

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_	Intended to accordinves	d to sell non- edited stors in tate urt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of i	Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	(Part E-Item 1)
AL					<u> </u>			
AK								
AZ					<u> </u>			
AR				,				
CA	Х		3,000	1	3,000			
СО	X		2,000		· · · · · · · · · · · · · · · · · · ·	1	2,000	
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	APPEND	LX		1.0	A CONTRACTOR OF THE PROPERTY.	
		ALL X	Contract Carrier		1975 C.	
660	22/2007/2014/2012/2019/99	- California (1980) - Cali	0.00 X 78-300 X 0.000 X 2 No No NO NO. SAND	98000000000000000000000000000000000000	56.37.26x.76x.76x.100009460040040090400040	AND TO AND TO A PROPERTY OF A STATE OF THE S

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	to accre inves St (Pa	it to sell non-edited tors in tate at B-m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of i	Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
МО								
МТ					<u> </u>			
NE	<u> </u>							
NV								
NH								
NJ								
NM								
NY				·				
NC								
ND		1						
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ок	X		5,000			1	5,000	
OR								
PA								
RI								
SC		•						
SD								
TN								
TX	X		249,600	13	240,600	3	9,000	
UT								
VT		-						
VA WA	X		10,000			1	10,000	
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WI								
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	to accre inves St (Pa	to sell non- edited tors in tate art B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
PR							_		